

Tranquility Plumbing, Inc.

Employment Application

Revised: 11/24/2014

POSITION		LAST NAME		DATE:		
FIRST NAME		MIDDLE:	SOC SEC #		DATE OF BIRTH	
ADDRESS			TELEPHONE			
REFERRED BY:		DATE YOU CAN START:		SALARY DESIRED:		
EMAIL ADDRESS:						
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S. DUE TO VISA/IMMIGRATION STATUS?					YES	NO
(PROOF OF CITIZENSHIP OR IMMIGRATION WILL BE REQUIRED UPON EMPLOYMENT)						
DO YOU HAVE A VALID FLORIDA DRIVER'S LICENSE?		YES	NO	LICENSE NO:		
MAY WE RUN AN MVR REPORT AS PART OF OUR HIRING DECISION?			YES	NO		
HAVE YOU EVER SUFFERED A WORK RELATED INJURY?			YES	NO		
MAY WE RUN A REPORT AS PART OF OUR HIRING DECISION?			YES	NO		
HAVE YOU EVER BEEN ARRESTED?		YES	NO	(ARREST DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)		
IF YES, PLEASE EXPLAIN:						
HIGH SCHOOL:			LOCATION			
COURSES STUDIED			YR'S COMPLETED:	Diploma:	Yes No	
OTHER			LOCATION			
COURSES STUDIED			YR'S COMPLETED:	Diploma:	Yes No	
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS, IF APPLICABLE:						
ARE YOU CURRENTLY EMPLOYED?		YES	NO	MAY WE CONTACT THEM?		
YES	NO	YES	NO			
CURRENT EMPLOYER	FROM	TO	NAME & ADDRESS		SALARY	
POSITION:			REASON FOR LEAVING:			
PREVIOUS EMPLOYER	FROM	TO	NAME & ADDRESS		SALARY	
POSITION & PHASE			REASON FOR LEAVING:			
PREVIOUS EMPLOYER	FROM	TO	NAME & ADDRESS		SALARY	
POSITION & PHASE			REASON FOR LEAVING:			
PREVIOUS EMPLOYER	FROM	TO	NAME & ADDRESS		SALARY	
POSITION & PHASE			REASON FOR LEAVING:			
DO YOU HAVE ANY PHYSICAL DEFECTS THAT PREVENT YOU FROM PERFORMING WORK?					YES	NO
WERE YOU EVER INJURED? _____ IF YES, GIVE DETAILS				DO YOU HAVE ANY DEFECTS IN HEARING, VISION OR SPEECH?		
PLEASE LIST YOUR EXPERIENCE IN PLUMBING PHASES: I.E., UNDERGROUND, ROUGH-IN, TRIM, SERVICE....						
REFERENCES	NAME		RELATIONSHIP		PHONE	
	NAME		RELATIONSHIP		PHONE	
DO YOU KNOW ANY OF OUR EMPLOYEES FROM WHOM WE MAY GET A REFERENCE?						
PLUMBER REFERENCES	NAME				PHONE	
	NAME					
Applicants Statement: I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer						
_____ Signature of Applicant				_____ Date		